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SUBJECT: AVIAN FLU PREPAREDNESS IN SRI LANKA

REF: STATE 153802

1. (SBU) Summary: EconOff met with the Chief Epidemiologist for the Ministry of Health (MOH) as well as an officer working in the Colombo office of the World Health Organization (WHO) regarding reftel. Sri Lankan officials and academics are watching for signs of avian flu and other illnesses with epidemic or pandemic potential. However, with no sufficient laboratories on the island, as well as communication and language barriers, it is unclear whether detection would occur rapidly. Following detection, the government is not ready for a coordinated and fast response. No exercises are planned to prepare for such incidents. End Summary.

FOCAL POINT: MOH,S EPIDEMIOLOGY UNIT

2. (SBU) EconOff met with Dr. Nihal Abeysinghe, Chief Epidemiologist for the MOH, who identified his epidemiology unit as the focal point when contagious epidemics take place in Sri Lanka. However, this does not mean that the epidemiology unit will have the authority that it may need for fast and sufficient response. Per the WHO official, the MOH controls around 98 percent of all medical services in Sri Lanka, with the private sector only serving about 2 percent in urban areas.

WATCHING FOR AVIAN FLU, BUT NOT EXPECTING ITS ARRIVAL

3. (SBU) Officials are watchful for the arrival of avian flu or other such diseases. Per Abeysinghe, September is traditionally the month migratory birds arrive in Sri Lanka. Officials at the Veterinary Research Institute are monitoring the situation, on the alert for any unusual bird deaths.

4. (SBU) Abeysinghe added that Sri Lanka seems to be almost immune from some of the diseases that plague the region. He noted that SARS did not affect Sri Lanka and that avian flu "seems to have been spreading to Mongoloid countries," but added that Sri Lanka still needs to be on the lookout for signs of the disease. The WHO official noted that avian flu is "currently no threat" to Sri Lanka

DETECTION: COMMUNICATION AND DIAGNOSTIC PROBLEMS

5. (SBU) According to the WHO official, if an epidemic would begin in the urban center of Colombo, it is likely that detection (not/not diagnosis) of a disease could take as few as two or three days. But Colombo comprises only a small portion of the country. If an epidemic grew in a Sinhala-speaking rural area, the WHO official said that MOH might not hear of a problem until 15 or 20 cases are discovered. This was the case when a myocarditis epidemic was not detected by the MOH until two weeks after it began. The WHO office was then advised only after 70 cases had been reported. (Note: The WHO official noted that the epidemic occurred in the MOH Minister's part of the country, implying that perhaps the WHO would have learned of the epidemic even more slowly if it had occurred elsewhere. End Note.) The WHO official noted that there were ultimately 200 true cases with 400 people appearing to be affected; yet no cause could be found and the epidemic subsided on its own.

6. (SBU) The WHO official identified the Northern and Eastern Provinces occupied by the Liberation Tamil Tigers of Eelam (LTTE) as especially problematic for detection due to language barriers. These are Tamil-speaking areas and many health officials do not speak Tamil. Per the WHO official, Tamil-speaking medical officers allegedly prefer living in Colombo. (Note: The security situation in those areas could prevent fast response. End note.)

7. (SBU) Abeysinghe's office is in regular communication with MOH's Medical Research Institute, which conducts laboratory testing for various diseases. However, its facilities are inadequate. Alternatively, Abeysinghe contacts the CDC in Atlanta, the University of Hong Kong, and laboratories in India, and has transmitted specimens to those laboratories on various occasions. Abeysinghe noted that transport of the viruses to these facilities is difficult.

He articulated a desire to see Sri Lanka labs obtain adequate resources for timely diagnosis.

18. (SBU) Both Abeysinghe and the WHO official described Sri Lanka's isolation facilities as inadequate and inadequately maintained. Abeysinghe speculated that in the event of a pandemic, perhaps a military hospital could assist, or the government could order/persuade another hospital to care for patients.

RESPONSE TO EPIDEMIC COULD BE SLOW AND UNCOORDINATED

19. (SBU) Both Abeysinghe and the WHO official said that a lengthy response time may be required in the event of an epidemic or pandemic. Abeysinghe first claimed that Sri Lanka has experienced "enough reality" with its floods, droughts, influenza, myocarditis, dengue and meningitis and therefore doesn't need exercises in epidemic management. But later, he acknowledged that the Government of Sri Lanka (GSL) is not very good at coordinating activities. "There are many stakeholders within the government," Abeysinghe said. "It will take time to coordinate."

110. (SBU) Abeysinghe described a scenario in which a disease would first be detected somewhere in Sri Lanka, followed by diagnosis which might require transport of specimens to Hong Kong, India or the US. Following diagnosis, he would need to contact the Minister of Health who may then contact the President to coordinate/mandate treatment, isolation, quarantine and other services. (Note: This is credible given Sri Lanka's heavily centralized structure. Immediately after the Asia tsunami, it was the President's office that coordinated the GSL response, with many basic decisions going to the President for decision. End note.) Abeysinghe does not know whether the military would ever be called to quarantine an area. He described one epidemic in which many people had fled from their homes to other parts of Sri Lanka before the MOH even arrived on site.

PREVENTION: FUTURE EFFORTS

111. (SBU) On September 12, Sri Lanka's Advisory Committee on Communicable Diseases will meet to discuss various matters. Following the 12 September meeting, Abeysinghe plans to make suggestions to the Health Education Bureau and the MOH press office on how to utilize the media to educate the public on prevention of flu. He said that the media does "a good job in spreading information."

112. (SBU) Per the WHO official, the WHO's South East Asia Regional Office is coordinating a Pandemic Preparedness Plan and is pressing countries in the region to develop their own national pandemic plans. Pandemic preparedness will be a part of the WHO biennial (2006-07) budget. The MOH's epidemiology unit is working with the WHO on this project, in the hopes of what the WHO official called "harm reduction." However, the WHO official noted that the WHO invested heavily some time ago in an Emergency Action Plan in Sri Lanka. That plan has never been implemented.

113. (SBU) COMMENT: Chief Epidemiologist Abeysinghe appears to have experience in handling small epidemics in some parts of Sri Lanka but his philosophy that Sri Lanka might be "immune" is disturbing. While putting past work in a positive light, he also appears to know his office's limits. Sri Lanka seems unprepared for a pandemic, which could spread long before it is even diagnosed in foreign laboratories. Upon diagnosis, the MOH and other government agencies do not seem ready to combat a pandemic in an efficient and coordinated manner. Should a pandemic occur, assistance would most likely be accepted from bilateral and multilateral entities.

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